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President: Mr. Deiss ..... (Switzerland)

The meeting was called to order at 10 a.m.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

High-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/65/797)

The President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Gervais Rufyikiri, Second Vice-President of Burundi.

Mr. Rufyikiri (Burundi) (*spoke in French*): At the outset, let me convey the greetings of His Excellency Mr. Pierre Nkurunziza, President of the Republic of Burundi, who asked me in particular to congratulate you, Sir, on having convened this High-level Meeting on HIV/AIDS.

The HIV/AIDS pandemic is a threat to the entire world that every day claims new victims and deprives countries of the life force they need for socio-economic development. Burundi has carefully followed the various phases and the subregional and regional meetings leading up to and preparing for this major global event. We have noted with great satisfaction the broad-based determination to put an end to HIV and AIDS and the harm they cause.

Burundi welcomes the future envisioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) through the objective of zero new infections, zero AIDS-related deaths and zero discrimination. My country, Burundi, endorses this vision. Likewise, in recognition of the fact that sexual violence makes a non-negligible contribution to the spread of HIV, Burundi will make provisions to further integrate the fight against sexual violence into the framework of its national programme for fighting AIDS and its national reproductive health programme, in line with recommendations by the Secretary-General and the Executive Director of UNAIDS.

Since the twenty-sixth special session held here in New York in June 2001, Burundi, despite the protracted political crisis that leaves us today in a post-conflict situation, has achieved progress in its response to the scourge of AIDS. We have established a multisectoral, decentralized institutional framework, with effective participation by the highest authorities. We have implemented activities under a single unified strategic plan, which has been evaluated at regular periods. We have also established a single monitoring and evaluation system.

Thus, in terms of universal access to HIV/AIDS prevention, treatment and support, Burundi increased the number of testing centres from 20 in 2001 to 40 in 2010; of people tested from 10,000 in 2001 to 430,000 in 2010; of centres for the prevention of mother-to-child transmission from two in 2001 to 110 in 2010; of women following the mother-to-child transmission prevention protocol from 100 in 2001 to 2,600 in 2010;

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of centres for people living with HIV/AIDS from one in 2001 to 90 in 2010; people living with HIV/AIDS under antiretroviral treatment from 600 in 2001 to 22,000 in 2010; and of orphans and other vulnerable children provided with comprehensive support from fewer than 2,500 in 2001 to 70,000 in 2010. These figures, which are broadly representative and show the progress made by my country, were made possible by the combined efforts of the Government of Burundi and our development partners, as well as actors on the ground from the public, non-governmental and private sectors, committed to tackling the scourge of AIDS head on.

This meeting provides a timely opportunity to look to the future, set realistic goals for 2021 and pave the way to achieving them. Burundi intends to test approximately 1.9 million by 2015, which represents 60 per cent coverage. With its scale-up plan, our country will place approximately 14,000 HIV-positive pregnant mothers under the mother-to-child transmission prevention protocol — a coverage rate of 85 per cent. We also intend to provide antiretroviral treatment to 55,000 people — a coverage rate of 80 per cent.

While it is clear that Burundi is devoting immense efforts to fighting HIV/AIDS, it is also facing immense challenges that we must absolutely overcome. The major challenges arise from the scarcity of human resources in terms of numbers and qualifications, the lack of equipment and material in health care facilities, and the lack of health infrastructure.

While we thank all the partners who have stood at Burundi's side in supporting our efforts, both technically and financially, we also call on other potential partners to continue to support Burundi in its fight against HIV/AIDS. For its part, the Government of Burundi will pursue its efforts by making an annual provision in its budget for the fight against AIDS, in addition to tax and customs duty exemptions for goods and equipment intended for this use.

I cherish the hope that the efforts of the international community will be crowned with success and the world freed from HIV and AIDS.

The President (*spoke in French*): The Assembly will now hear an address by Her Excellency Ms. Teima Onorio, Vice-President of the Republic of Kiribati.

Ms. Onorio (Kiribati): I bring to the Assembly warm greetings from my President, His Excellency Mr. Anote Tong, my Government and the people of the Republic of Kiribati. I am indeed grateful for this opportunity to be able to present a statement on the issue of HIV in Kiribati.

Kiribati is categorized as a low-HIV-prevalence country. However, recent sexually transmitted infection prevalence surveys conducted among transactional sex workers, locally known as "amen matawa", seafarers, policemen and antenatal care mothers have shown a high prevalence of such infections. This suggests that there are high-risk behaviours within these population groups that make them extremely vulnerable to HIV infection when and if it is introduced. HIV would rapidly increase in this group and would probably then spread to the general population. The greater concern is that Kiribati has a predominantly young population practicing high-risk behaviours, as was revealed by a recent survey conducted among young people.

Kiribati, along with other countries in the Western Pacific region, is likely to be highly vulnerable to an epidemic of HIV if appropriate actions are not taken to address the threat of the rising prevalence of sexually transmitted infections among vulnerable groups: transactional sex workers, seafarers, policemen and expectant mothers. To address that concern, the Government responded by increasing the number of voluntary confidential counselling and testing sites from three in 2009 to eight in 2010. Beside services offered during normal working hours, these sites also offer after-hours services to accommodate the needs of these specific high-risk groups. The Government is also committed to increasing voluntary confidential counselling and testing services in the outer islands in order to increase testing for sexually transmitted infections and hence treatment there.

The Government is responding to the issue of the prevention of mother-to-child transmission of HIV by advocating the prevention of parent-to-child transmission instead. In 2010, a new prevention-of-parent-to-child-transmission clinic, funded by UNICEF, was opened. It offers services for expectant mothers and encourages husbands to access the service, since both partners — not just the mother — have a key role in preventing their children from acquiring HIV.

Kiribati, with a population of 100,000 people, has 54 confirmed HIV cases, 63 per cent of whom are males and 37 per cent females. Twenty-four people have died from AIDS-related causes. Although the number of cases seems small, the worrying part is the small size of our population, which clearly indicates that Kiribati's HIV situation is the tip of the iceberg. Not all who are infected with HIV are accessing prevention, treatment, care and support. Stigma and discrimination remain the major obstacles discouraging the establishment of an enabling environment, and thus people infected with HIV tend to remain hidden or stay underground. Their chances of transmitting HIV infection to the larger community are therefore high.

Creating an enabling environment that avoids or prevents prejudice, stigma, discrimination and criminalization remains the major challenge to Kiribati's response to the HIV/AIDS epidemic. The Kiribati Government believes in a multisectoral approach to the epidemic and will continue to support its 30-member HIV/AIDS task force, now known as the Kiribati Country Coordinating Mechanism. Its membership is drawn from both Government and civil society.

We are also committed to strengthening our legal systems and social environment as an effective measure for preventing HIV. We therefore strongly support the statement made by the Executive Director of the Joint United Nations Programme on AIDS (UNAIDS), Michel Sidibé, to the effect that the AIDS response must be taken out of isolation; it must become a catalyst for other national programmes. It must not be dealt with as a separate entity; rather, HIV, legal systems, the social environment and economic development should be part and parcel of a complete package when formulating an intervention.

My Government is working steadily to transform the community's perception into a more caring and supportive one by supporting our human rights and workplace policy trainees in working with the Pacific Islands AIDS Foundation (PIAF), our local lawyers and our focal person from the Regional Rights Resource Team (RRRT) to review and enforce current legislation for people living with HIV and other vulnerable and marginalized groups in the community, as well as to draft a bill for the Cabinet to be used for consultation with community members. This should help change the community's perception of people living with AIDS and other vulnerable, marginalized groups. It is also hoped that those already infected with the virus will feel secure enough to come forward for health support services and treatment and to assist in implementation strategies to halt the spread of HIV in Kiribati.

On behalf of my Government, please allow me to convey to all present that Kiribati is in full support of and ready to adopt a new declaration that will reaffirm current commitments, and to commit to actions to guide and sustain the global AIDS response. It is also my pleasure today to acknowledge the ongoing support of our international implementing partners, which include UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Humanitarian Response Fund, UNICEF, PIAF, Pacific Counselling and Social Services, RRRT and the World Health Organization. The ongoing financial and technical support that they have rendered Kiribati has certainly been of great assistance and will continue to strengthen and sustain our response to HIV/AIDS in the years to come.

In closing, let me wish all our traditional blessings of health, peace and prosperity to all.

The President (*spoke in French*): I would like to remind delegations that the time limit is five minutes per speaker, and that the time elapsed is indicated on the monitor next to the rostrum. I now give the floor to His Excellency Mr. Victor Makwenge Kaput, Minister of Health of the Democratic Republic of the Congo.

Mr. Makwenge Kaput (Democratic Republic of the Congo) (*spoke in French*): At the outset, I would like to convey the greetings of my President, His Excellency Mr. Joseph Kabila Kabange, who was not able to travel to this High-level Meeting for reasons of State and has entrusted me to convey the following message.

It is my great honour and genuine pleasure to take the floor here to present to the Assembly the point of view of the Democratic Republic of the Congo on the issue of HIV/AIDS in the specific context of our country, which for several years has been beset by insecurity of all kinds. I take this opportunity to thank Secretary-General Ban Ki-moon for the opportunity to participate in this important High-level Meeting on HIV. I would also like to thank the Executive Director of the Joint United Nations Programme on AIDS, Mr. Michel Sidibé, for the interest he has shown in me by including me in the side events of this meeting.

As the Assembly is aware, since the appearance in 1983 of this terrible pandemic, my country has not hesitated to remain open to international cooperation so as to better understand the disease and thus contribute to organizing the global response to AIDS. This Meeting provides an opportunity for me to reiterate the Congolese people's deep gratitude to the countries, international organizations and various mechanisms and initiatives for all the assistance they have continued to extend to us in this struggle.

In my country, several measures have been taken to address the numerous problems caused by the epidemic. While there has been progress in controlling the epidemic and in protecting individuals living with HIV, a great deal remains to be done. According to the most recent data in my country, the HIV epidemic is a generalized one, with an HIV prevalence of 3.7 per cent for pregnant women and 3.03 per cent for the general population. It is characterized by a trend towards feminization and is increasingly affecting youth and the rural population. It is also concentrated along the Congo River in mining areas, in post-conflict areas and in border areas.

For 2011, the estimated number of affected individuals is approximately 1,200,000; the number of people newly infected totals 128,256, of whom 71,170 are women. In addition, a number of other challenges linked to achieving the Millennium Development Goals are of ongoing concern to us.

First, we are concerned about the health status of both mothers and children, as the rate of maternal and neonatal mortality remains high. We are also focusing on the fact that the large majority of children born to HIV-positive mothers have not received any protection from the virus, and the fact that more than 80 per cent of HIV-infected persons do not yet have access to appropriate, high-quality treatment.

However, my Government and I remain personally committed to the various declarations and resolutions taken at the international level to combat HIV/AIDS. In my country, I personally launched an initiative entitled "A generation without AIDS", which is an integral part of the global vision of zero infections. Once again I appeal for international cooperation to support the Democratic Republic of the Congo, a country that bears one of the heaviest AIDS-related burdens in Africa.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Hanno Pevkur, Social Minister of Estonia.

Mr. Pevkur (Estonia): First, I would like to associate myself with the statement that will be made on behalf of the European Union and to offer the following comments on behalf of Estonia.

The world has known the significance of three letters — H, I and V — for 30 years already. We have witnessed how the response to these three letters has changed over the years — from fear and neglect to care, acceptance and a commitment to stop the spread of the virus. However, as the Secretary-General's report (A/65/797) shows, the epidemic is spreading faster than we are able to combat it. HIV is placing an increasing humanitarian and economic burden on all countries of the world.

Estonia is a country with a relatively high rate of HIV infection. To date, 7,850 people have been diagnosed with HIV, that is, 0.6 per cent of the population. Although the number of new cases has been decreasing over the past 10 years, last year there were 236 new cases per one million inhabitants. Our main risk group has been and still is injecting drug users. Access to drug-abuse treatment and rehabilitation and harm reduction and sexual health services is essential in order to prevent the further transmission of HIV among people who inject drugs, to their sexual partners and to the general population.

Furthermore, one of the main conclusions of the "HIV in the European Region — Unity and Diversity" conference, held in Tallinn in May 2011, was that scaling up harm reduction and substitution treatment among people who inject drugs was one of the keys to stopping the epidemic in Eastern Europe.

In recent years, an increasing number of young women have been infected through heterosexual contact. Therefore, as HIV affects mostly people in their productive and reproductive years, it should continue to be a high-level priority. Ensuring maternal, newborn and child health and preventing vertical transmission is our common goal, which must be achieved. Estonia firmly believes that the elimination of stigma and discrimination, the protection of the sexual and reproductive health and rights of women and girls, including those living with HIV/AIDS, is a cornerstone of healthier societies.

A strong political commitment is absolutely necessary in order to stop the spread of the virus and provide the best possible care for those who are infected. Estonia has devised a broad-based strategy aimed at achieving a sustainable reduction in the spread of HIV, with clear national targets to be achieved by 2015. The strategy, which is fully in line with the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2), unites the efforts of the governmental, municipal and non-governmental sectors in order to take effective actions.

Historically, our HIV and tuberculosis programmes have been vertical. But it is clear that sustainable health systems and ensuring a continuum of care for those affected by HIV are crucial. It is very important that our patients, including those from vulnerable groups, receive integrated services and a comprehensive package including prevention, treatment and care. HIV does not affect only one institution or organization; therefore, an effective response requires collaboration on the part of stakeholders and specialists from different fields and at different levels.

Dedicated intersectoral cooperation has allowed us to achieve the outstanding results we are reporting today. We have seen a decline in the number of new infections. This tells us that we are on the right path. We are committed to continuing our activities in the context of a response at all levels aimed at stopping the spread of the virus and providing quality care for all those who are infected.

We have gathered here from across the globe to express our support for the recommendations contained in the report of the Secretary-General. I believe that we all have the aim of fulfilling those recommendations to the best of our ability, for the health of our nations and of the whole of humanity. To that end, we need to work together, share our experiences and learn more from one another.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Stephen Lashley, Minister of Family, Culture and Sport of Barbados.

Mr. Lashley (Barbados): I bring you greetings from the Government and the people of Barbados. I hope that the report I will share today on our benchmarks of effectiveness within our national AIDS programme will add some value to the collective knowledge required for greater success in the global prevention and control of HIV.

Let me first congratulate you, Mr. President, and the Secretary-General on the foresight that was shown in convening this High-level Meeting on HIV/AIDS.

Following a successful World Bank first project, Barbados has started the execution of a second project with a systematic focus on universal access to care, treatment and support, reducing new infections, eliminating stigma and discrimination, and significantly reducing the number of AIDS-related deaths.

The achievements and progress of Barbados' national AIDS programme continue to get necessary support at the highest level. There are 18 Government ministries, over half of which have a functioning HIV core group, with each ministry having an annual action plan for HIV.

We have thus been putting in place the measures and frameworks necessary for achieving the goals set at the beginning of the second World Bank project. These goals include maintaining the percentage of HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis for prevention of mother-to-child transmission above 95 per cent; increasing the funds disbursed to civil society organizations under results-based agreements with the National HIV/AIDS Commission to facilitate the implementation of targeted programme interventions for key populations at higher risk during the second project; increasing the number of persons from key populations at higher risk who can access preventive services; and increasing the percentage of sex workers who report the use of condoms with their most recent client. Data collected from this second World Bank project will form the basis for our national strategic plan for 2013-2018.

As a collective of nations, we need as a matter of urgency to address the issue of lack of access to concessionary funding, which impacts Barbados and other developing countries as a result of our relatively high per capita income, fuelled in our case mainly by tourism, which itself has introduced other issues of vulnerability. This difficulty has the potential of reversing recent successes in the provision of access to vital but expensive HIV-combating drugs.

We in Barbados have also adopted a national bipartisan approach to the management and treatment of HIV, as evidenced by a joint declaration recently signed by our Prime Minister, The Honourable Freundel Stuart, and the Leader of the Opposition, The Right Honourable Owen Arthur. In this declaration, we affirm our commitment to the national HIV response through a multisectoral approach, as articulated in our national policy on HIV, our national strategic plan on HIV prevention and control 2008-2013, and the principles embedded in the design of our national HIV programming. We also recognize our shared space — geographical or otherwise — and shared responsibilities in reaching the universal access 2015 "zero" goals, and support the Caribbean Community position, as articulated through the Pan-Caribbean Partnership against HIV/AIDS.

We also recognize the need for targeted attention in specific areas at the Barbados country level. We further acknowledge that while noteworthy strides have been made in HIV care and treatment, especially with respect to prevention of mother-to-child transmission and support of persons living with HIV, significant efforts still need to the made in relation to the prevention of HIV and sexually transmitted infections. We also commit in that declaration to addressing HIV-related stigma and discrimination at all levels within our society.

We give full assurance that, as a country, we will continue appropriate programmatic action to promote HIV-relevant policies; enact supportive legislation; improve monitoring and evaluation for evidence-based programme planning; strengthen national surveillance systems; ramp up civil society organization partnerships for more targeted interventions, especially among key populations at higher risk; adopt rights-based approaches; and develop evidence-informed programmes that address factors that increase HIV-related vulnerabilities, including stigma and discrimination, gender inequality and abuse of children.

We commend this approach to the international community.

The President (*spoke in French*): I now give the floor to Her Excellency Ms. Marie-Josée Jacobs, Minister of Cooperation and Humanitarian Affairs of Luxembourg.

Ms. Jacobs (Luxembourg) (*spoke in French*): Luxembourg fully associates itself with the statement to be made on behalf of the European Union.

In the present context of economic austerity and of multiple challenges to our common sustainable development, the 2011 High-level Meeting provides a unique opportunity to take stock of the progress made in combating HIV/AIDS and to prompt the international community to do everything possible to eliminate the ongoing obstacles to the implementation of health and other services in order to ensure effective, equitable and sustainable responses in this important struggle against the disease.

Over the past 10 years, political and financial commitment in the struggle against HIV/AIDS has been strengthened, while the movement to combat this illness has continued to show its capacity to transform resources into specific results to the benefit of the persons affected.

Countries have indeed committed themselves to ensuring that all those who require it enjoy universal access to prevention, treatment and health care. Significant progress can be noted in this regard. The global prevalence of HIV/AIDS is falling, and never has the world so rallied to demand respect for the fundamental dignity and rights of every individual exposed to the virus or affected by it.

However, these significant and promising advances are being threatened. Stigmatization, discrimination and gender inequality continue to hinder efforts to guarantee universal access to HIV prevention and treatment and to therapy and support. Our Meeting provides a unique opportunity for the international community to move response programmes forward and to provide equitable treatment in all regions of the world.

Allow me to emphasize here the particular importance that Luxembourg attaches in this context to prevention, the strengthening of health systems and the equal access of all to basic health care, as well as to the fulfilment of the commitments undertaken by Governments regarding national and international resources for combating HIV/AIDS.

I cannot fail to thank the Secretary-General for the recommendations made in his report entitled "Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related

deaths" of March 2011 (A/65/797). I welcome the fact that the political declaration to be adopted at the end of our Meeting firmly reaffirms the commitments made and announces actions to guide and support the global response to AIDS in the years to come.

No country has escaped the devastating effects of this global epidemic over the past 30 years. Today, we all agree in reaffirming that knowing one's epidemic means knowing one's response to it. The struggle against the epidemic entered a decisive phase. Bold decisions must be taken that will lead to a radical development in the struggle against AIDS in order to achieve the new objective of zero new HIV/AIDS infections, zero discrimination and zero AIDS-related deaths. To that end, we must base our actions on a new political commitment to conducting more targeted, effective and long-term actions.

Luxembourg believes that the United Nations has a decisive role to play in coordinating, strengthening and assisting the struggle against HIV, in particular through the Joint United Nations Programme on HIV/AIDS (UNAIDS). Here, allow me to pay particular tribute to the commitment, enthusiasm and vision of its Executive Director, Michel Sidibé.

Health is among Luxembourg's major sectoral cooperation priorities. In 2010, Luxembourg's official development aid (ODA) reached 1.09 per cent of its gross domestic product, and 13.07 per cent of its bilateral ODA was devoted to health. A considerable amount of these resources have been devoted to programmes and projects that directly address the fight against HIV/AIDS and its co-infections, the strengthening of health systems, research and development of treatments, in particular antiretroviral treatment for children, or efforts to mobilize public opinion and education in favour of risk-free behaviour. In order to implement a joint dynamic, flexible and sustainable action, Luxembourg undertook to support the "aids2031" initiative, launched by UNAIDS in 2007 to develop a strategy to combat HIV up to 2031, to the tune of €5 million.

At the national level, a committee of experts has closely followed the development of the epidemic for more than 27 years, advising successive Governments on political decisions crucial to managing it in the wider public health context. A more detailed description of our national efforts can be found in the version of my statement that has been distributed in the Hall.

Luxembourg will continue to do its part to help countries to achieve universal access to HIV services and to reach zero new HIV infections, zero discrimination and zero AIDS-related deaths in order to move towards a generation living without HIV.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Dédé Ahoefa Ekoué, Minister in charge of Planning, Development and Management of the Territory of Togo.

Ms. Ekoué (Togo) (*spoke in French*): I am particularly honoured to convey the warm greetings of His Excellency Mr. Faure Essozimna Gnassingbé, President of the Republic of Togo, and of the Togolese Government and people on the occasion of this High-level Meeting. I would also like to express the heartfelt congratulations of the Togolese Government to the President and the Secretary-General for its successful organization.

In the first quarter of this year, the National Council to Fight AIDS, over which the Head of State himself presides, reviewed national interventions to assess their scope and to propose new measures. Although still facing difficulties to which I will refer later, we nevertheless have some grounds for satisfaction. Today, the HIV infection rate is half that of 2001. Likewise, the rate of new infections has fallen by the same proportion among young people. In three years, we have more than tripled the number of people treated with antiretroviral drugs.

Our country also recently endorsed a plan to extend services for the prevention of mother-to-child transmission from 2011 to 2015. That plan will enable us to reduce the HIV transmission rate from 8 per cent in 2010 to 2 per cent in 2015. Togo's goal is to have a generation of young people free from AIDS by 2020.

Meeting the challenge of universal access means providing services for all. That is why my country, Togo, adopted a law that protects people living with HIV from discrimination and stigmatization, ensures respect for confidentiality and takes into account the rights of sex workers and detainees.

Mr. Ould Hadrami (Mauritania), Vice-President, took the Chair.

Togo believes that the issue of HIV should be seen as not only a public health, but also a development issue. That is why Togo is firmly committed to achieving the Millennium Development Goals (MDGs). Thus, the 2010 report of the Overseas Development Institute ranks Togo among the top 20 countries with absolute overall progress on the MDGs. Togo was able to make such progress thanks not only to national leadership and ownership, but also to international aid. We therefore take this opportunity to express our full satisfaction with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and to commend the assistance of the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations family, bilateral partners and African regional and subregional organizations.

If we are to offer a more lasting and more effective response commensurate with the challenges and our joint goals, we will need ever greater human and financial resources. That is why Togo has already provided for long-term budgetary resources to fight AIDS. However, such resources must go hand in hand with significant international assistance if we are to achieve our goals for the period 2011-2015.

Ten years after the adoption of the Declaration of Commitment on HIV/AIDS (resolution S-26/2), there has been notable success at the international level. We owe that success to our resolute will to leave to posterity a more respectful world without AIDS that is richer for its differences. We also owe it to the leadership of UNAIDS, which has been able to rally the entire United Nations family, donors and Member States around the motto "Unite to overcome AIDS".

Now we must consolidate and significantly increase our achievements. We can fulfil that pledge only by mobilizing more resources to fight HIV/AIDS. We therefore appeal for appropriate funding for the Global Fund. Together, we can go even further and progress more rapidly towards a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

The Acting President: I now give the floor to His Excellency Mr. Ba Housseinou Hamadi, Minister of Health of Mauritania.

Mr. Hamadi (Mauritania) (*spoke in French*): Allow me first to thank Secretary-General Ban Ki-moon for his efforts to convene this High-level Meeting on HIV/AIDS, which is one of the major challenges of our time.

It has been 30 years since the first cases of HIV/AIDS were recognized and since that disease struck, with more than 25 million deaths and more than 30 million HIV-positive persons, despite our international community's increasing mobilization. We have passed through many stages in our understanding of the virus, prevention and treatment, and the social integration of the sick. Despite such efforts, our community still has many challenges to overcome.

Today, my country, Mauritania, whose first AIDS case was identified in 1987, has 14,000 HIV-positive persons, with 3,000 patients receiving antiretroviral treatment, representing an overall prevalence of 0.7 per cent. That prevalence rose from 0.2 per cent in 1990 to 0.7 per cent in 2004; since then, the rate has remained stable. Despite that moderate prevalence, my country's authorities remain vigilant in a very difficult environment, where 40 per cent of our population is under 14 years, with a similar poverty rate.

In that context, our country focuses on prevention, the free treatment of the sick, the development of programmes and their social integration. We also place priority on the importance of good governance to ensure universal access to treatment for all the sick.

Mauritania, a Muslim country, has adopted legal texts to protect the ill — notably law 42/2007 on the rights of patients — and developed a prevention policy involving opinion leaders, religious leaders and the imams of mosques in all-out awareness-raising campaigns aimed at prevention and fighting stigmatization and discrimination.

The efforts of our countries cannot be successful without the mobilization of the international community in providing greater financial support and continued research and innovation programmes. My country therefore expects meaningful results from this High-level Meeting. We unreservedly support the common African position forged in April at Windhoek, Namibia, by African health ministers. My country also underscores the importance of increasing official development assistance to help in the fight against poverty and underdevelopment and in improving health and education services.

I cannot conclude without underscoring our support for the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which have done outstanding work, and urge the international community to mobilize further resources in support of these institutions. I also take this opportunity to thank all our development partners, non-governmental organizations and civil society institutions that have continued helping us on a daily basis in the fight against this scourge.

The Acting President: I now give the floor to His Excellency Mr. Celsius Waterberg, Minister of Public Health of Suriname.

Mr. Waterberg (Suriname): Please allow me to associate Suriname with the statements delivered respectively by the Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community and the Vice-Minister of Public Health of Paraguay on behalf of the Union of South American Nations.

I take this opportunity to commend the United Nations for having organized this High-level Meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262).

In Suriname, we have made important strides in a number of areas. After the first reported case of HIV in 1983, we saw a steady increase in the epidemic until 2006. Since 2007, our efforts have been rewarded by a notable decline in the number of newly registered HIV cases. According to the 2010 global report of the Joint United Nations Programme on HIV/AIDS, Suriname is among few countries in the Caribbean where the incidence of HIV infection has decreased by more than 25 per cent. We have also achieved a 10 per cent reduction in mortality rates since 2006.

The progress we have made is the result of the implementation of our national strategic plan on HIV, which includes the following elements: strengthened coordination and leadership through the establishment of a national multisectoral HIV council; the establishment of additional structures, such as the Centre of Excellence in HIV Treatment and Care, which provides leadership in quality of services and training in the revised treatment protocols; and the introduction of the combined prevention tool, which has proven effective in the HIV response. Unique among Caribbean countries, Suriname has implemented pilot projects that have been successful in mobilizing men for circumcision as an additional preventive measure. HIV and AIDS services have been integrated into regular health services. Suriname provides treatment and care through its decentralized primary health care centres. Our programme to prevent the transmission of HIV from mother to child is integrated into a national programme for mother and child health. In 2009, we adopted the Regional Initiative for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean, which we expanded to include hepatitis B. People living with HIV are involved in programmes providing care and support. We share experiences and lessons learned and pursue technical collaboration with other Latin American and Caribbean countries.

Despite the positive results I have mentioned, we still face a number of challenges, including harmful traditions and customs, misconceptions and adverse beliefs, language barriers in a multilingual society, and the vulnerability of small communities and individuals due to HIV-related stigma, gender inequalities and poverty.

The Republic of Suriname appreciates the financial and technical support received to date from the Global Fund and other donors, which have contributed to our significant success in combating the HIV and AIDS epidemic in Suriname. In order to maintain these achievements and to continue making progress in the integration of HIV and AIDS services into regular health services, the continued support of the international community, including donors, is required.

In closing, the resources provided by funding agencies are becoming scarcer, as has been mentioned by several speakers before me, yet we are committing ourselves to further national and international targets. That is why, in order to move forward to achieve the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support, it is of utmost importance to mobilize resources and political will at the national, regional and global levels.

We look forward to the adoption of the political declaration at the conclusion of this Meeting, with concrete commitments from all stakeholders for an effective response to the HIV epidemic.

The Acting President: I now give the floor to His Excellency Mr. Andreas Loverdos, Minister of Health and Social Solidarity of Greece.

Mr. Loverdos (Greece): This year marks three decades of fighting AIDS. The emergence and rapid spread of the HIV disease in the early 1980s came as a real shock. It is no exaggeration to say that the new virus raised an alarm for our countries, the World Health Organization and the United Nations. The epidemic broadened the gap between the North and the South and between developed and developing countries. Moreover, within wealthy States, the distance separating the rich from the poor became larger. The cost of prevention and medical treatment, particularly for the countries most affected, was, and continues to be, excessive. The epidemic increased the risk of social stigma for entire groups of the population, such as men who have sex with men, drug addicts and people in need of transfusions. Basic human rights were being challenged and some offensive prejudices were being revived.

For the international community, this year's High-level Meeting on AIDS provides an excellent opportunity, not only to recall the great achievements of our common fight against the disease during past decades but also to remind us that the danger is not over. We have managed to get it under control thanks to our common efforts and the progress of science. However, we have not yet eliminated it, so there is no room for complacency.

Greece welcomes the ideas of Secretary-General Ban Ki-moon. The goals he proposes are clear and ambitious, and we need such goals if we want to succeed. In cooperation with our European Union partners, we are willing to work hard in order to achieve those goals.

Efforts against AIDS in my country have led us to some remarkable results over the past years. Our basic objective was to ensure access to public health services. Currently, all people in need can receive medical and hospital treatment, even if they lack the means or are poor, uninsured or economic or illegal immigrants. Another of our priorities was to protect human rights and promote action against discrimination. Through campaigns in schools, the army, prisons and elsewhere and through blood-safety controls, we seek to strengthen prevention.

In line with the recommendations of the Secretary-General, we intend to reinforce those initiatives. Programmes for the free distribution of condoms and needle exchanges should be expanded. To that end, we work closely with vulnerable groups of the population, civil society and non-governmental organizations. Greece has contributed as a donor country to the Global Fund and the Joint United Nations Programme on HIV/AIDS, and we consistently support the relevant initiatives of the European Union.

As we speak today, our main concern is the scourge of human trafficking. In my country we had a significant increase in recorded AIDS infections last year. Many of those infections were among women from sub-Saharan Africa who were brought to our country illegally and were forced to work as prostitutes. It is obvious that problems of this kind can be addressed only through closer international cooperation.

In Greece, about 6,000 patients are now in treatment. The financial crisis affecting my country requires us to invest our money in a more rational and efficient way. However, we are confident that we will succeed in this effort without lowering the level of protection and without losing people's confidence that they can rely on our public health system for their safety.

I am here at today's Meeting to declare the commitment of my country to remain in the vanguard of the fight against HIV/AIDS.

The Acting President: I now give the floor to His Excellency Mr. Pablo Marin, Minister for Health of Belize.

Mr. Marin (Belize): We meet today, three decades after the first cases of a disease we now know as AIDS were first reported in June 1981, to undertake a comprehensive review of the progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the 2006 Political Declaration on HIV/AIDS (resolution 60/262).

Let me at the outset acknowledge the active presence of members of Belizean civil society as part of our delegation to this High-level Meeting.

I wish to thank the Secretary-General for his report (A/65/797). Indeed, many of the global trends are mirrored in the national experience of my own country: declining infection rates, an increase in access

to treatment, the increasing feminization of HIV and the fact that the 15 to 24 age group continues to be the main age group affected by new HIV infections.

My Government is fully aware of the deep impact of HIV/AIDS across social, economic and development spheres. We know now that that impact is magnified in a small, diverse population, which presents its own unique challenges. Nevertheless, my Government remains firm in its commitment to a national response that is sustained and effective.

Even though Belize has the highest prevalence rate of HIV in Central America and one of the highest in the Caribbean, much has been done, particularly in the latter part of the past decade. Our response has been immediate, targeted and dynamic and has included a multisectoral partnership, robust policies and international support.

At the end of 2010, there were an estimated 5,394 persons living with HIV and AIDS in Belize. But that year also marked a notable achievement, since for the second consecutive year there was a decrease in the total number of new HIV infections. Belize is one of the few countries to experience a 33 per cent decrease in the number of new infections. We are equally pleased to report that our mother-to-child transmission prevention coverage rate has stood at almost 95 per cent over the past three years, with the transmission rate now below 6 per cent. This continued success can be highlighted as a best practice in the Caribbean region. At the end of 2010, the total coverage for persons needing medical treatment was above 70 per cent — a clear demonstration of my Government's commitment to the scaling up of treatment and support services in order to reach the goal of complete universal access by 2015.

We must be innovative in the way we approach and address the ever-growing dynamics of this disease, especially in the current global financial and economic crisis. While developing countries such as ours must seek to adequately invest in documented cost-effective interventions and best practices and seize national ownership at all levels to maintain our successes and overcome challenges, the international community must also honour its commitments in order to be able to consolidate our collective achievements.

With the growing pandemic of non-communicable diseases presenting a new dimension to the challenges we face, it is imperative to devise an integrated and broader health-sector response to HIV. Vertical programming and donor-agency-driven programmes have proven largely unsustainable and of limited effect. HIV must now be seen in the context of a chronic disease, in the context of a broader multisectoral response and in a context free of stigma and discrimination — in essence, in the context of respect for human rights and the right to health. Sustainable health initiatives will only succeed if we take a strategic approach from the beginning, ensure country ownership and sustainability at all times and keep the individual at the centre of the process.

I therefore renew my Government's continued commitment to work towards attaining specific deliverables for achieving the agreed targets, including universal access, and in achieving the Millennium Development Goals.

The Acting President: I now give the floor to His Excellency Leao Talalelei Tuitama, Minister for Health of Samoa.

Mr. Tuitama (Samoa): Greetings from the Government and people of Samoa. At the outset, I wish to congratulate the President of the Assembly for having convened this very important Meeting at this critical juncture in the fight against HIV/AIDS. I would also like to commend the Secretary-General for his comprehensive report (A/65/797), which contains important recommendations for achieving our ultimate goal of a world free of HIV and AIDS.

Samoa, like most Pacific islands, has faced the reality of an increasing number of HIV cases since the first case was detected in 1990. Although we consider ourselves a low-prevalence country, with a total of 22 HIV cases to date, we are nevertheless concerned about the high prevalence of sexually transmitted infections and its subsequent implications for the spread of HIV/AIDS.

Samoa acknowledges with gratitude the support from the international community, in particular the Global Fund, the World Health Organization, the United Nations Population Fund and the Secretariat of the Pacific Community, which have assisted us in achieving greater focus on improving health systems and moving towards a more inclusive approach to encompass all facets of sexual and reproductive health.

More broadly, Samoa has invested in a sector-wide approach programme for its health sector. In that

regard, we extend our appreciation to the Governments of New Zealand and Australia, which have been working collaboratively with the World Bank to achieve clear and concise national health outcomes and to reflect the Millennium Development Goals within international, regional and national strategies, in particular with regards to my Government's priority of including health in its strategy for Samoa's development for the period 2008 to 2012.

The Samoan Government is taking the lead in advocating for greater health consciousness among its people — for example, by establishing the Samoan parliamentarian advocacy group on healthy living. It highlights political commitment and support to ensure a confident and well-informed response to the continuing global health challenges, where HIV/AIDS remains at the forefront.

The high level of political commitment has resulted in a mandate for the establishment of our national AIDS coordinating council, along with a technical advisory committee, to mobilize concerted efforts in the fight against HIV/AIDS. The work of the council has led to the development and endorsement of our national HIV/AIDS policy and plan of action for the period 2011 to 2016, which will guide the work of the health sector and of stakeholders in the conduct of effective interventions for HIV/AIDS as the way forward.

The member organizations of the technical advisory committee are engaged in funded activities, such as the refurbishment of voluntary counselling and confidential testing clinics in Samoa; capacity-building training programmes for health personnel on counselling, which includes case management of HIV and sexually transmitted infections and counselling and training for trainers for the health sector; continuous support and care for people living with HIV/AIDS through antiretroviral treatment therapy and counselling; continuous multimedia campaigns targeting youth in particular and the community at large; and the establishment of the women-in-leadership advocacy group on HIV/AIDS.

Samoa has also made progress towards the achievement of the Millennium Development Goals through the development of sector policies and strategic frameworks to guide and facilitate multisectoral efforts in the management and control of HIV/AIDS in Samoa.

Samoa's HIV/AIDS response is supported by the Global Fund and the Pacific Regional Strategy Implementation Plan II response fund for sexually transmitted infections and HIV. These two funding mechanisms complement one another to support national activities on sexually transmitted infections and HIV/AIDS.

While the Ministry of Health continues to make progress in its mandated roles, in collaboration with sector partners and the international community, in our battle against HIV/AIDS there is still a need to strengthen and effectively engage strategic partners outside of the health sector to break barriers in the context of social, cultural and religious beliefs.

In conclusion, despite all the progress made thus far, more work remains to be done. From Samoa's perspective, this can be achieved by improving communication and gender-power relations; overcoming traditional, cultural and religious barriers; upholding equity and maintaining respect for human rights; and strengthening health systems. These are the key areas that must be prioritized to ensure a more encompassing and engaged response.

Samoa remains committed, in the hope of being the first country to eradicate HIV/AIDS. With the assistance and support of our regional and international partners in terms of adequate resources, this is possible.

The Acting President: I now give the floor to His Excellency Mr. Geeganage Weerasinghe, Minister of Health of Sri Lanka.

Mr. Weerasinghe (Sri Lanka): Let me thank the President of the General Assembly for convening this important High-level Meeting to carry out a timely comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration on HIV/AIDS (resolution 60/262) at a critical time in the global response. My Government gives high priority to this issue in its national policy agenda.

Since the emergence of the human immunodeficiency virus in 1981, the HIV pandemic has continued to grow and has caused substantial social and economic impacts throughout the globe. We are happy to learn of the achievements that have been and

of the positive aspects of the global response, as noted by speakers in the opening meeting.

While Sri Lanka's vulnerability to this epidemic remains as high as that of other countries, we maintain a low prevalence of below 0.1 per cent among the adult population, which is termed a latent HIV epidemic. I wish to underline some of the major factors contributing to this success.

Sri Lanka's high level of literacy — over 90 per cent among both men and women — has served as a solid foundation for many of our social achievements. The country's universal, free, birth-to-death health care system has made considerable contributions to improving the overall health of the population. That has resulted in low infant and maternal mortality rates and has increased life expectancy at birth. In addition, Sri Lanka introduced a social marketing programme for condoms as far back as the early 1970s, which resulted in preventing the spread of sexually transmitted infections and HIV.

Sri Lanka introduced its campaign against venereal disease in 1952. Since then, the country has provided nearly six decades of effective sexually transmitted disease services by establishing a number of full- and part-time clinics countrywide. In order to face the emerging global epidemic of HIV, my country established a national sexually transmitted disease and AIDS control programme in 1985. The programme provides technical guidance for the national HIV/AIDS response in coordination with all relevant stakeholders.

In 1987, the Government made it mandatory for the national blood transfusion services to carry out HIV infection tests on donated blood, in addition to other measures such as the promotion of voluntary blood donor networks and the screening of risky donors.

The Government has been providing free antiretroviral therapy since 2004, which contributes to keeping the prevalence of HIV low. Although Sri Lanka has a low prevalence of HIV, there is significant potential for an expansion of the epidemic among concentrated groups. However, we still have a window of opportunity to mitigate even this potential by introducing coordinated and focused measures. In that context, my country has introduced specific prevention efforts among groups with high-risk behaviours, such as female sex workers and their clients, men who have sex with men, vulnerable youth in tourist areas and migrant employees. Although the level of injecting drug use in the country is insignificant, there are other types of drug users, who deserve a comprehensive package of HIV-prevention services.

Against that backdrop, Sri Lanka successfully formulated a proposal for the period 2011 to 2015 that includes the national response to the HIV/AIDS epidemic for round 9 of the Global Fund's call for proposals. The national response addresses the objectives of increasing the scale and quality of comprehensive interventions for the populations most at risk, providing care, treatment and support for people living with HIV and AIDS and generating and using strategic information. These three objectives will be achieved through 13 service-delivery areas, with the equal participation of governmental, non-governmental and civil society organizations, including community-based organizations.

First, we expect to map and reach the populations most at risk with effective prevention that leads to safer behaviour. Secondly, we plan to provide first- and second-line antiretroviral therapy for adults and children. Thirdly, we will endeavour to improve diagnostic facilities for sexually transmitted infections and HIV. Fourthly, we intend to increase our knowledge base by undertaking an integrated biological and behavioural surveillance programme and carrying out national estimations of the size of groups with high-risk behaviours in order to thoroughly understand the country's epidemic potential. Those are a few of the major activities in our national response. There are also provincial-level programmes to raise awareness of HIV that focus specifically on youth.

The establishment of an enabling environment remains a critical part of our interventions. This is an important dimension in achieving universal access to HIV prevention, care and treatment services. It will be crucial for the wider international community to address this critical issue jointly and comprehensively. In this respect, we stand ready to share our national experiences with other developing countries.

We believe that Sri Lanka has real potential to further reduce its low prevalence and to achieve zero new HIV infections, zero discrimination and zero AIDS-related deaths.

The Acting President: I now give the floor to Her Excellency Ms. Habiba Zéhi Ben Romdhane, Minister of Public Health of Tunisia.

Ms. Ben Romdhane (Tunisia) (*spoke in Arabic*): I am honoured to participate in this High-level Meeting of the General Assembly on HIV/AIDS, which is a historic event that reflects the remarkable solidarity of the peoples of the world.

First and foremost, I would like to pay tribute to His Excellency Secretary-General Ban Ki-moon for all his tireless efforts in convening this meeting that underscores the entire world's recognition of the need to coordinate efforts in combating AIDS.

I would also like, at the outset, to refer with pride to the fact that this meeting comes at the same time as the Arab spring, which has been a driving force for solidarity among the peoples of the world in their determination to use all their energies to combat the inequalities that threaten the existence and well-being of humankind, be they political, economic or social. I would also like to pay tribute to the United Nations for its positive stand vis-à-vis the democratic transformation that Tunisia has experienced since 14 January. That solidarity was clearly in evidence during the last week of March, when the Secretary-General visited my country and saluted the efforts made by all Tunisians to fulfil their expectations on all fronts.

Tunisia is committed to working with the international community to combat AIDS and halt its spread. We are also committed to removing all political, social and economic obstacles hampering efforts to combat this disease, which continues to kill millions and to hinder development efforts. All of us must fully realize the importance of the Declaration of Commitment on HIV/AIDS, which was adopted at the twenty-sixth special session of the General Assembly (resolution S-26/2) and calls for the recognition and promotion of human rights in all their aspects. In addressing this pandemic, my country will work in cooperation with all stakeholders and civil society and private sector organizations alike to provide treatment for those who are vulnerable or infected.

On the basis of our modest experience in that regard since the first cases were discovered, Tunisia has been able to control HIV transmission by monitoring blood transfusions and by providing — without discrimination — free testing and comprehensive health care to all those living with HIV/AIDS, including antiretroviral treatment for those who need it. We have done this by setting up a special budget for our national programme to combat AIDS and other sexually transmitted diseases. We believe that, along with the implementation of national recommendations and international decisions as part of our national strategy, working in collaboration is a fundamental element in successfully combating HIV/AIDS.

However, we must overcome the obstacles hampering the achievement of these goals. We must ensure more coordinated international efforts by working together with civil society in order to reduce high-risk behaviours. We will take all the necessary steps in that regard while fully respecting the highest human rights principles.

Tunisia, a land of freedom and dignity, is committed to providing all means to protect vulnerable groups, such as women, youth and children. This meeting of the General Assembly provides an excellent opportunity for my country to underscore its concern for our youth in addressing all the potential health risks they may face. We are ready to ensure prevention at the level of primary health care, to provide treatment and to support people's behaviour without stigmatization or discrimination.

We pay tribute to the enormous ongoing effort being made by United Nations programmes to ensure the success of the comprehensive strategy to provide services to all. We would also like to emphasize the need for continuing technical and financial support to affected countries, including Tunisia, by providing additional funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Tunisia welcomes the draft declaration before us today (A/65/L.77). We are committed to helping to put an end to this pandemic by preventing more HIV infections and by ensuring that there is no discrimination against people living with HIV/AIDS. In conclusion, I wish this meeting every success, for the benefit of all.

The Acting President: I now give the floor to His Excellency Mr. Douglas Slater, Minister of Foreign Trade and Consumer Affairs of Saint Vincent and the Grenadines.

Mr. Slater (Saint Vincent and the Grenadines): At the outset, Saint Vincent and the Grenadines aligns itself with the statement made on behalf of the

Caribbean Community (CARICOM) by Mr. Denzil Douglas, Prime Minister of Saint Kitts and Nevis.

Saint Vincent and the Grenadines joins the international community in soberly reflecting on the achievements and challenges of the HIV/AIDS response over the past three decades. Saint Vincent and the Grenadines and the CARICOM region in general have experienced notable progress, such as a more than 25 per cent decrease in the incidence of HIV infections, while providing treatment and care for a significant percentage of persons infected and/or affected by HIV, thus resulting in a notable improvement in the quality of their lives. It is important to note that all this progress and positive achievements are occurring in the context of a hostile global economic and financial environment, which places severe stress on our already scarce resources.

Among the major challenges in the HIV/AIDS response is achieving the appropriate behavioural change necessary to ensure or to improve our efforts to reduce the transmission of HIV. Also, despite some progress, issues of the stigma and discrimination of people living with AIDS and other vulnerable groups remain an important challenge. Saint Vincent and the Grenadines, and indeed the region, must commit themselves to continuing to address those issues, taking into consideration the many and varied stakeholders in our societies. Multifaceted education initiatives and shared responsibility are key to sparking positive behavioural changes both among the wider society, which must squarely confront lingering issues of stigmatization, and within vulnerable groups, where individuals must continue to take even greater responsibility for actions that minimize the risks of exposure and transmission.

The response of our caregivers, together with our very strong political commitment, has placed us well on the way to an HIV-free generation. We are also making progress towards achieving zero mother-to-child transmission by 2015. However, that element of the response must be reinforced by a stronger emphasis on the general prevention of HIV transmission. As such, the international community must pursue and collectively champion a veritable prevention revolution, involving especially the energy of our youth.

Saint Vincent and the Grenadines is committed to continued investment of its limited resources to achieve universal access to HIV prevention, treatment, care and support. In consideration of the ongoing unfavourable conditions in the global economic environment, we must continue to find more efficient and sustainable ways of achieving those goals. That will also require the commitment and increased support of the various international partners. In that regard, we remind and encourage our partners to increase official development assistance (ODA) and to provide additional resources to the various funding agencies, especially the United Nations Global Fund. We also call for the exploration of innovative means to generate the necessary financing to step up our war against this scourge, while recognizing that such innovative financing will complement, but not replace, the need for donors to meet ODA commitments.

Saint Vincent and the Grenadines is heavily reliant on generic medications in leading our national assault against HIV/AIDS. The willingness of States not only to allow but also to champion the widest and most flexible distribution of all generic medications remains one of the standards by which the developing world will continue to judge their commitment to the global eradication of HIV/AIDS. Legal and political straw men are of little comfort to the millions of people who still cannot access medication, which remains too expensive despite the progress that we have made on pricing. Three decades into this struggle, no human being should be suffering and dying simply because the necessary medication has been priced out of their Government's reach.

Saint Vincent and the Grenadines believes that the response must at all times take a holistic approach to the many health challenges that confront us. We must always strive to promote sociological concepts, such as the human rights of citizens and the dignity of women and girls.

We believe that persons living with AIDS have the right, and certainly the responsibility, to be included and firmly involved in the response process. Reliable research data should be utilized to guide targeted interventions in populations that are the main drivers of the transmission. Saint Vincent and the Grenadines reiterates its commitment to pursuing efforts to minimize HIV-related stigma and discrimination.

Like everyone in the Hall, I continue to hope for a vaccine to prevent new infections and, eventually, for

a cure for those living with HIV and AIDS. While we encourage scientists to continue their critical work for a cure, we, the representatives of the world's Governments, must acknowledge that, even today, we already possess the knowledge and the tools to stop, reduce and ultimately eliminate the spread of HIV and AIDS. With continued education, shared responsibility, access to medication and the necessary political will at all levels, we can collectively put an end to the days when the illness was considered a death sentence, while looking forward to a world without AIDS.

The Acting President: I now give the floor to His Excellency Mr. Sabyrbek Djumabekov, Minister of Health of Kyrgyzstan.

Mr. Djumabekov (Kyrgyzstan) (*spoke in Russian*): The fight against HIV/AIDS is one of the eight Millennium Development Goals adopted at the Millennium Summit, in 2000. Stopping the spread of the HIV/AIDS epidemic and its social and economic consequences are at the top of the list of priorities of the Government of the Kyrgyz Republic in the area of the protection of the health of its people. The Republic is now in the third stage of its national programme in that respect, and its multisectoral approach includes all State structures.

Our country's central coordinating committee is an integral element in the efforts of the Government of the Kyrgyz Republic to combat HIV/AIDS. There have been major developments in that respect, and the country is now undertaking efforts under the second law on the combat against AIDS, which contains a number of amendments.

We also have received assistance in the fight against AIDS from the international community, which is working closely with the Government of the Kyrgyz Republic.

As a result of the financial support provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, there has been a significant increase in the number of tests carried out and cases of HIV/AIDS detected. However, despite the efforts made, HIV is spreading at a fairly rapid rate in our country. From 2001 to 2010, the morbidity rate rose from 3 to 12 per 100,000, and the annual increase in cases for the same period on the whole has been approximately 30 per cent.

In our country, HIV/AIDS is for the most part concentrated within vulnerable groups of the population. A significant proportion — 65 per cent — of those who are infected are injecting drug users, and infections resulting from sexual transmission also account for a significant percentage.

In 2005, we strengthened our measures to prevent the spread of AIDS among vulnerable groups and among pregnant women. The norms of international law are the legal basis of Kyrgyz Republic policies on drugs and on HIV/AIDS, and we are also introducing changes to our policies. In 2002, the Kyrgyz Republic took steps, at an early stage, to introduce progressive measures aimed at preventing HIV infections among drug users and prisoners, including through methadone substitution and needle exchange, and this has led to a decrease in the infection rate. As a result of these programmes, there has also been a substantial increase in the use of antiretroviral therapy by drug users. There are now 48 needle-exchange centres in the country and 40 centres for methadone therapy, including within the prison system.

HIV continues to affect the most active age groups of our population. A total of 78 per cent of those affected are between the ages of 20 and 39. We must also note the feminization of the infection, as the percentage of women infected from 2001 to 2010 grew from 9 to 30 per cent. In addition, 93 per cent of all pregnant women are tested for HIV.

A great deal has been achieved since the Declaration of Commitment on HIV/AIDS, but much remains to be done. The Kyrgyz Republic is a small country that is still in the process of its formation, and therefore success in preventing HIV is a prerequisite for its successful development.

We are convinced that with renewed political will, strong leadership and a firm resolve to make progress, joint efforts by the State, civil society and all countries of the world can put an end to the spread of HIV/AIDS and reverse the trend.

The Acting President: I now give the floor to His Excellency Mr. Nelson Eduardo Soares Martins, Minister of Health of Timor-Leste.

Mr. Martins (Timor-Leste): It is an honour and a great privilege for me to attend this important event to represent my country as both Minister of Health and the President of the National Commission to combat

HIV/AIDS in one of the youngest countries in the world. My President, His Excellency José Ramos-Horta, regrets that, owing to other, similarly important matters, he has to miss such an important event, whose theme is close to his heart. He kindly requested me to represent our country in his stead.

Timor-Leste, which has just over a million inhabitants, became an independent nation in 2002. It is a country that has emerged from conflict and is facing the extremely difficult task of rebuilding the nation's health system with limited human capital and financial resources. This is exacerbated further by the challenge posed by its limited access to a basic package of health services.

The national HIV/AIDS programme in Timor-Leste began full implementation in 2005; the first national strategic plan was developed, covering the period 2006-2010. The National AIDS Commission was established, with overall responsibility for oversight of the national strategic plan on HIV and sexually transmitted infections. The programme did not receive significant funding until the successful proposal made in round 5 of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

From 2003 through 2010, a total of 2,002 cases of HIV were confirmed, including 15 children under the age of 5. Most new cases detected in 2010 were in persons aged from 25 to 44 years, 43 per cent being women, while women make up 46 per cent of the prevalence rate overall. As of December 2010, there were 39 people on antiretroviral treatment in our country, including three children. The role of our fellow country and friend, Brazil, in donating antiretroviral medicines to Timor-Leste to treat those patients was crucial in the early years, when the first cases were identified in Timor-Leste, back in 2003. I would sincerely like to take this opportunity to thank the Brazilian Government for its immediate response to support our country during such important times. Attention to HIV/AIDS was very limited then, and constrained resources were being directed towards building the foundations of our newly independent State.

The President returned to the Chair.

Although Timor-Leste remains a low-prevalence country, it is experiencing higher rates of HIV transmission than projected. Less than 1 per cent of the vulnerable populations have seropositive status. Many may find those numbers comparatively small, but high-risk behaviour among the high-risk population remains a challenge that requires immediate action. Besides, a large majority of Timor-Leste's population is young, with 60 per cent below the age of 24. Almost one third of our population is between 10 and 24 years of age and nearly 50 per cent of the country's population is either adolescent or young. As a result, combined efforts, coupled by a strong commitment from Prime Minister Kay Rala Xanana Gusmão, were launched to develop our new national strategic plan on HIV/AIDS and sexually transmitted infections for the period 2011 to 2016.

Greater involvement by people living with HIV is critical to an ethical and effective national response to the HIV epidemic. In Timor-Leste, the HIV programme extends beyond just treatment, care and support to include prevention, legal and social justice issues and any aspect of activities addressing the HIV epidemic. Collaborative efforts by our President, the parliamentary women's working group, the Government, church organizations, the national youth council, the military, the police force and the non-governmental organization forum have been the driving force in combating the associated effects of HIV/AIDS and controlling the spread of the virus in the country.

A multisectoral approach is needed to combat the spread of HIV/AIDS. The new strategic plan pays significant attention to several issues. The first is the establishment of an enabling environment in which issues related to HIV and sexually transmitted infections can be openly discussed through a coalition for gender equality and sexual and reproductive health.

Another issue is access to a basic service package including information on HIV and sexually transmitted infections through our country's integrated community health services approach. Emphasis is also placed on targeted prevention programmes for individuals with multiple partners, and on scaling up prevention, treatment and care services in districts along the border with Indonesia through cooperation mechanisms with the Indonesian Ministry of Health.

Other issues involve ensuring the universal provision of life skills education, achieving universal access to treatment for those who are infected, strengthening the capacity of the health system to respond to the increased need for treatment services

and strengthening community sector systems to enhance the quality of service delivery.

Timor-Leste fully supports the new agenda towards zero new HIV infections, zero discrimination and zero AIDS-related deaths. Timor-Leste is a young country experiencing low prevalence rates of HIV/AIDS. I challenge the international community to continue to support such countries in their efforts to achieve that vision. Continued research and increased financial commitments from Government and donors are essential in sustaining efforts to fight HIV/AIDS.

We must act together as one global nation in order to protect the lives of our people and future generations.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Hanif Hassan Ali Al Qassim, Minister of Health of the United Arab Emirates.

Mr. Al-Qassim (United Arab Emirates) (*spoke in Arabic*): At the outset, on behalf of the people and Government of the United Arab Emirates, allow me to extend our appreciation to you, Mr. President, for having invited us to participate in this important meeting. I would also like to express our gratitude for the significant efforts made by the Secretary-General and United Nations specialized agencies to cope with the AIDS epidemic through international efforts and initiatives to fight side-by-side in countering this health challenge, which is a source of great concern to the international community and which threatens global health.

Despite the efforts made by the international community and various organizations since its emergence some 30 years ago, AIDS and the virus that causes it remain among the greatest health challenges facing the world today. This disease is the main cause of the deteriorating public health, social and humanitarian conditions in many countries around the world. It poses enormous economic obstacles and dangers, above all in least developed countries. This clearly demonstrates the need to address the problem through international efforts to achieve the objectives of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which include ensuring universal access to treatment, preventing transmission and caring for those living with HIV/AIDS without any sort of discrimination.

All of us here are aware that United Nations statistics show that some 34 million people suffer from HIV and that, by 2010, the virus had claimed almost 25 million lives. More than 7,000 new infections occur each day, the majority of them among mothers and children. Those indicators clearly illustrate the critical need to pursue efforts to achieve the Millennium Development Goals. We must step up our efforts as set out in the 2001 Political Declaration on HIV/AIDS (resolution 60/262). In that regard, there is a need to provide assistance and support for least developed countries, which are the most vulnerable to the disease, including resources necessary to obtain medications and ensure appropriate prevention efforts and treatment and care for patients suffering from the virus.

HIV infections and AIDS are not a national health problem in our country. Nevertheless, we are convinced that we must pool all national and international efforts to confront this global challenge. We have therefore adopted health strategies that reflect our desire for international cooperation in coping with that challenge through serious and effective initiatives and international partnerships. We reiterate our commitment to the Dubai agreement, which was reached following the policy dialogue to address this problem in the Middle East and North Africa, by adopting an effective national strategy to combat the epidemic. We have assembled sufficient diversified resources to implement a national programme and generated political support so as to consult with all regions and agencies involved, in particular the World Health Organization (WHO) and UNAIDS, with a view to controlling the epidemic and ensuring that prevalence rates are minimal in other countries.

As far as national programmes are concerned, the United Arab Emirates has created several mechanisms to help to prevent this disease. We make use of voluntary blood donors for the local market, relying on major diagnostic tools to ensure that the disease cannot be transmitted through the blood supply. There have been no reported cases of HIV having been passed on through blood transfusions in my country.

We have also set up a programme for those who wish to get married in order to prevent infection, as well as national detection programmes to respond to the need for behavioural change to prevent this illness and to protect future generations from becoming infected. We are also reviewing our protocols and

legislation concerning medications and the provision of medicines to patients.

The report prepared by the United Arab Emirates Ministry of Health and UNAIDS pursuant to the special session of the General Assembly, which was adopted in 2010, reflects the situation of AIDS in our country, in particular regarding the care provided to seropositive individuals. The report shows that there is an effective partnership between the Ministry of Health and all of the other institutions in our country, especially with regard to UNAIDS, the WHO and UNICEF. In particular, the report refers to efforts aimed at preventing the transmission of the HIV virus and providing care for those who are infected, specifically through the adoption of decree No. 29 in 2010, based on our conviction that there is a need to protect human rights and dignity free from any discrimination or stigmatization linked to infection status or any other reason.

Finally, I wish to reiterate the commitment of the United Arab Emirates to participate seriously in all of the efforts being undertaken to cope with the epidemic and to implement the resolutions adopted by the United Nations. I wish every success to all communities currently working to carry out national efforts to combat this epidemic.

The President (*spoke in French*): I now give the floor to Ms. Vanda Pignato, Minister of Social Inclusion of El Salvador.

Ms. Pignato (El Salvador) (*spoke in Spanish*): Mr. President, allow me, on behalf of the Government of El Salvador, to express to you our most sincere thanks for your initiative to convene this High-level Meeting of the General Assembly to broadly and comprehensively assess the progress achieved in the implementation of the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and the Political Declaration adopted in 2006 (resolution 60/262). We would also like to reiterate our appreciation to the Secretary-General for his efforts in preparing for this important meeting.

For the Government of El Salvador, combating HIV/AIDS while focusing on human rights is an ongoing commitment. Allow me to refer to some recent developments.

Since 1 June 2009, the date on which President Mauricio Funes Cartagena assumed the presidency of our country, the Government of El Salvador has lived up to its commitment to involve the entire population — without any distinction with regard to age, race, gender, sexual orientation or gender identity — in devising and implementing public policies on social integration. It is important to point out that, after many years of calls for legal recognition by various civil society organizations — in particular those representing vulnerable groups, including people living with HIV/AIDS, men who have sex with men and sex workers — those groups have attained recognition under the current Government. Likewise, an executive decree has been promulgated against discrimination in the civil service for reasons of sexual orientation or gender identity, which is emblematic of the region of Latin America and the Caribbean.

We have also established a social integration secretariat, over which I have the honour to preside, that includes a dedicated office for addressing and raising the profile of sexual diversity. Moreover, we have set up a special HIV unit in the office of the prosecutor for the defence of human rights that is charged with ensuring compliance with and protecting the rights of people living with HIV.

In December 2005, the World Health Organization and UNICEF issued a call to action for the ultimate elimination of the transmission of HIV and syphilis in low- and middle-income countries, which included a strategy aimed at improving health care services in these countries. El Salvador has been a pioneer in the implementation of that strategy, as evidenced by our 88 per cent reduction in the number of cases of children born with HIV; the increase in the number of HIV screenings; the decentralization and broadening of coverage of antiretroviral therapy throughout our country; and the free provision of free testing and antiretroviral medications for those who need it. It is also important to underscore that we have strengthened inter-agency coordination with regard to preventing and treating tuberculosis/HIV co-infection.

In the area of prevention, the Government of El Salvador has focused on outreach to the population. We have underscored sexual and reproductive education based on recognition of the fact that sexual and reproductive health is a human right. As members will surely recall, this issue had been stigmatized in the past. In addition, we have made efforts to develop a national response to HIV in which there is broad

multisectoral participation and civil society and people living with HIV play a prominent and active role.

On the international front, in our capacity as Chair of the Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS), together with the Latin America and the Caribbean Ministers of Health, we have agreed on the goal of combining regional efforts to respond to the HIV epidemic. In so doing, we have reaffirmed our commitment to responding to the epidemic and achieving the common goals that bring us together here, specifically those set for 2015. In that regard, we have committed ourselves to achieve the strategic goals set forth by UNAIDS, namely, zero new HIV infections, zero AIDS-related deaths and zero discrimination.

It is important to underscore that the Global Fund to Fight AIDS, Tuberculosis and Malaria has acknowledged the effectiveness and transparency of the projects implemented in our country, which have contributed to the implementation of many of the efforts necessary to achieve universal access and the Millennium Development Goals. However, that progress could be undermined or set back by a lack of sustained support from the international community. For its part, El Salvador continues to undertake efforts to share good practices in a multisectoral response to HIV, thereby strengthening South-South cooperation.

I would not be representing El Salvador properly if I did not avail myself of the opportunity in this forum to make a very special call to the international community and the conscience of all the countries of the world. I am referring to the crucial need to base our efforts against HIV/AIDS on a human rights-based approach.

Against that backdrop, I would like to underscore the need to be completely inclusive in responding to the needs of persons with disabilities in particular. We have made significant efforts but we still have difficulties in determining the actual rate of incidence of HIV/AIDS among persons with disabilities. It is important that, as the international community, we commit ourselves to continue to do our best to ensure that the response to HIV/AIDS also includes a focus on disabilities, in particular physical, sensory, mental and psychological disabilities.

The President (*spoke in French*): I now give the floor to Mr. Erik Solheim, Minister for the Environment and International Development of Norway.

Mr. Solheim (Norway): HIV and AIDS are among the deadliest catastrophes that have ever hit humankind. More people have died from HIV and AIDS than died in the First World War, and 10 times as many as those who died in the Viet Nam War. Most certainly, the pandemic has been 100 times more deadly than most of the wars we see in the world today. This is an absolute catastrophe, and the suffering has been immense.

So, too, is the strength that has been shown. I still recall the young lady I met in Malawi, close to Lilongwe. She took care of five children on her own and strove hard to survive, but still, when her sister died, she took it upon herself to raise her three children. She did so in silence and with dignity, but with precisely the kind of strength that should inspire politicians and civil servants around the world.

We are on the verge of success in our fight against HIV and AIDS. We have reduced the number of new infections and the number of people affected by the disease, and the cost of medicines is coming down. More people are receiving assistance. But we are far from victory and the absolute success we need. It would be completely inexcusable if we started to relent in our efforts. We are zooming in on success, and that is exactly why we should strengthen our resolve rather than do the opposite.

What does it mean to get to zero? There is no better goal or slogan for us to promote than to bring the number of people dying from this disease down to zero. When medicines are cheap, people can live their entire lives with the disease. There is simply no excuse to continue to have so many people die. So the aim is clear: zero victims from HIV and AIDS.

How do we reach that goal? First of all, we must mobilize the resources. I am proud to say that Norway is one of the nations that devote one per cent of GDP to development purposes. We are also increasing the funds we devote to fighting HIV and AIDS through the Global Fund and other institutions. We cannot reduce resources when we want full victory.

Getting to zero also means affordable medicines for those affected. I want to pay tribute to all those who have contributed to that goal — the International Drug Purchase Facility (UNITAID), the Clinton Foundation

and many others, who have made certain that affordable medicines are now available. Since they are now available, it is a shame that they are not reaching all who need them.

Reaching the zero goal means integrating the fight against HIV and AIDS into the normal health-care operations in all nations.

Reaching the zero goal also means making certain that those affected by HIV and AIDS can have decent lives. Here I wish to pay tribute to those nations — the United States, China, Namibia, Ukraine and others — which, since we last met, have opened access for victims of HIV to visit their countries by removing any hindrance or restrictions of movement.

Now we come to the most controversial point: getting to zero requires fighting all the stigmas. Individuals may hold any opinion they like, but States cannot, in the twenty-first century, continue to underpin stigmas. That is simply inexcusable. We must remove all stigmas, whether against transsexual persons, homosexuals, drug users or sex workers. Stigmas are unacceptable, not only because they are unjust, but also because they hinder us in our fight against HIV and AIDS. They reduce our efficiency in the struggle. Stigmas must therefore be fought and removed.

To reach the goal of zero new infections, we must also empower women. The fight against HIV and AIDS is an integral part of the women's emancipation movement. Most new victims of HIV and AIDS are young women. That must stop. We must also, of course, fight gender-based violence, which is sometimes the reason behind the disease. We must therefore see the perspective of women on this matter.

To zoom in on the zero targets, we must empower young people. Our Crown Princess has been at the forefront of inspiring young people in Norway and globally to see their part in the struggle. Young people are most affected by the disease, so they must take up the challenge of informing their contemporaries about sexual and reproductive health, taking up the political struggle against stigmas in their nations, and making sure that ministers provide sufficient resources for health care. That is the new challenge for our young people, who are inspired by, among many others, our Crown Princess.

Finally, I regret to say that some faith-based organizations did not play a very helpful role in the lead-up to this conference. In light of that fact, I pay a special tribute to those many faith-based organizations — be they from Christianity, Islam or any other major world religion — which have taken up the issues of removing stigmas and providing sexual and reproductive health to all citizens of the globe. We need faith-based organizations in particular in this struggle.

We are very close to success in this area. Humanity eradicated smallpox from the face of the earth. We are on track to achieving great success on measles. The next huge target is to achieve the same success with HIV and AIDS as we did with smallpox, and success is within our reach. We simply need to follow the Nike slogan: just do it!

The President (*spoke in French*): I now give the floor to His Excellency Mr. Adama Traoré, Minister for Health of Burkina Faso.

Mr. Traoré (Burkina Faso) (*spoke in French*): I have the honour and privilege to speak on behalf of His Excellency Mr. Blaise Compaoré, President of Burkina Faso and President of the National Council for the Fight against AIDS. At the outset, I would like to convey to you, Sir, his warm greetings and heartfelt thanks for having organized this important meeting.

Burkina Faso is honoured to be taking part in this High-level Meeting on HIV and AIDS, which provides an important opportunity to evaluate with the international community the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2) of 2001 and the Political Declaration on HIV/AIDS (resolution 60/262) of 2006. As in 2008, like other countries, Burkina Faso produced a report in 2010, pursuant to the special session of the on HIV/AIDS, that shows the progress made towards achieving universal access and Millennium Development Goal 6.

At the institutional level, the National Council for the Fight Against AIDS and Sexually Transmitted Diseases, presided over by His Excellency Mr. Blaise Compaoré, President of Burkina Faso, has met regularly since 2001. Burkina Faso shares its experience in governance, coordination and leadership with the countries of the subregion. It ensures the cooperation of the Executive Secretariat with the national committees and councils for the fight against

AIDS of the West African Economic and Monetary Union and with Mauritania.

Since 28 July 2010, Burkina Faso has had a new strategic framework for the fight against HIV, AIDS and sexually transmitted diseases for the period 2011-2015 in order to consolidate achievements, while continuing to reduce HIV prevalence. Results-oriented management and gender considerations are some ongoing guiding principles of our national response. Regarding governance, Burkina Faso also has a law on the fight against HIV and AIDS and the protection of the rights of persons living with HIV and AIDS, which is implemented at every level.

On the operational front, the increase in the number of health care centres, together with free treatment, has made it possible to increase the number of people receiving antiretroviral treatment by more than 5,000 a year. We went from 26,448 persons receiving antiretroviral treatment in 2009 to 31,543 by late 2010. There has also been significant progress in preventing HIV mother-to-child transmission. Since late 2010, all the country's health care districts have been implementing the programme to prevent HIV mother-to-child transmission in 1,492 of 1,614 treatment centres, representing a coverage rate of 92 per cent.

Despite those achievements, which encourage us to resolutely pursue the achievement of the Millennium Development Goal 6, there remain significant challenges to overcome. We must keep prevention as the cornerstone of the fight against the epidemic; eliminate HIV mother-to-child transmission; and eradicate all forms of stigmatization of and discrimination against people living with HIV. We must develop specific programmes to combat AIDS that target young people aged 15 to 25 and specific high-risk groups; reduce the vulnerability of women and girls to HIV/AIDS; strengthen the fight against tuberculosis, which remains the primary cause of death of HIV-infected persons in Africa; and mobilize national resources to fund the fight against HIV and AIDS, which remains dependent on decreasing foreign financing. Lastly, there is an absence of subregional and regional programmes to strengthen national efforts.

I pay ringing tribute to the commitment of persons living with HIV, civil society, the private sector, the world of research, and all those who day and night generously devote themselves to the support of persons infected and affected by HIV. I take this opportunity to reiterate my appreciation to all our development partners, who have always worked with us in our resolute fight against this scourge. I remain convinced that it is through the pursuit of urgent, dynamic and mutually agreed solutions that we will achieve the Millennium Development Goals on HIV and AIDS.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Ponmek Dalaloy, Minister of Health of the Lao People's Democratic Republic.

Mr. Dalaloy (Lao People's Democratic Republic): At the outset, on behalf of the delegation of the Lao People's Democratic Republic, I would like to commend the United Nations for convening this High-level Meeting on HIV and AIDS, which is of great significance to the global fight against HIV and AIDS.

Throughout 30 years of common endeavour to combat HIV and AIDS, significant and visible achievements have been recorded. Today, we have seen more integration in preventing and controlling communicable and non-communicable diseases, while the identity and specificity of the individual approach remain.

In 2006, our country, the Lao People's Democratic Republic, reiterated its determination before the General Assembly to establish a strong national HIV response that aims at universal access to a comprehensive prevention, treatment, care and support programme. Since then, every two years my country has reported to the General Assembly on the progress made in scaling up the response.

Some key milestones have been the establishment of a multisectoral coordination body, the National Committee for the Control of AIDS, and the drawing up of a new national strategic and action plan on HIV/AIDS and sexually transmitted infections for the years 2011 to 2015. To monitor possible emerging epidemics, our HIV surveillance system has been progressively strengthened. Our prevention programme has become more comprehensive through the launch of a 100-per cent condom initiative. Our national treatment programme now has five operational centres across the country.

The endorsement by the National Assembly of a law on HIV and the integration of our programme into regional initiatives on HIV and AIDS within the greater Mekong subregion on aspects related to HIV,

infrastructure, migration, drugs and human trafficking are yet more positive achievements.

We are thankful to the Global Fund for the financial support that has helped us to enhance capacity-building in five successful grant operations, thus maintaining our country as a low-affected country. We are also grateful for the financial and the technical assistance provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS), bilateral development partners and international non-governmental organizations.

Although the Lao People's Democratic Republic has made considerable progress in responding to HIV, constraints and challenges remain. The virus continues to pose social and economic threats to the Lao People's Democratic Republic — at the heart of the greater Mekong subregion, with rapid national development, and surrounded by five fast-growing neighbours — as it spreads to specific segments of the population where transmission is especially prevalent. Our estimation and projection indicate an incidence of some 1,000 new infections every year.

While progress has been made in reducing prevalence among sex workers, there are hotspots of continued high prevalence in some locations. New data indicate that the epidemic of men having sex with men is on the rise, and in our main cities an emerging epidemic has been found among people who inject drugs. This suggests that efforts to combat the spread of HIV/AIDS must be further strengthened in terms of both coverage and quality of services, as well as in sustainability.

We see 2011 as a critical moment for our national HIV response and, inspired by the new UNAIDS vision "Getting to zero", we are committed to implementing new strategies designed to minimize the impact of HIV and AIDS on social and economic development in the Lao People's Democratic Republic. We support the declaration that will be adopted at this High-level Meeting on HIV/AIDS.

The President (*spoke in French*): I now give the floor to His Excellency Mr. José Vieira Dias Van-Dúnem, Minister of Health of the Republic of Angola.

Mr. Van-Dúnem (Angola): At the outset, allow me to convey to the Assembly the salutations of my President, His Excellency Mr. José Eduardo dos Santos, who cannot be present due to State reasons; thus I am tasked with representing him.

Thirty years after the start of the epidemic and 10 years after the landmark special session on HIV and AIDS, we are gathered here to review the progress made and to reaffirm our commitment to sustaining our response as nations, as individuals and as the international community.

Angola is a country in sub-Saharan Africa — the region most affected by the epidemic — with a population of mostly young people estimated to be 55 per cent women. We are going through an intense phase of economic and social reconstruction largely affected by the long-lasting consequences that characterize countries that have experienced decades of war.

Despite this dynamic, many challenges still prevail as we are a country with a large territory where, despite the reconstruction efforts undertaken by the Government, health infrastructure is still lacking and access to basic social services has not yet reached desired levels. The HIV epidemic in Angola varies in profile and behaviour according to the region or province. HIV prevalence ranges from 0.8 to 7 per cent, with a median of 2 per cent, thus making Angola a low-prevalence country.

Despite all the obstacles, the Government has been gradually expanding free access to prevention, treatment, care and support services. From 2003 to 2010, the number of counselling and testing centres increased from eight to 558; we now have 133 antiretroviral treatment centres for adults, 120 for children and 29 centres for prevention of mother-to-child transmission. In 2010, over 450,000 people in our country were tested for HIV. More than 60,000 HIV-positive adults and children were enrolled in care and support programmes and about half of them continue to receive free antiretroviral therapy. Each year, the number of pregnant women who have been tested increases. In 2010, we tested more than 260,000 women through prenatal services.

While Angola achieved a rapid expansion of HIV-specific services, we quickly realized that this was not the best way to create sustainable services. As a result, the Government is committed to integrating HIV services within existing health services while enhancing systemic responses and integrating HIV care as a part of primary care.

The data indicate that HIV prevalence is stable in Angola. We know, however, that there are determinants that can quickly change this reality. But if we continue to invest in knowledge, access to health services and education, gender equality and youth leadership, and involve people living with HIV in updating and implementing strategies while prioritizing the most vulnerable groups on the basis of shared responsibility, we are certain that we will maintain this trend and ensure that no man, woman or child will become newly infected with HIV. We are committed to making that a reality.

We want to ensure that every girl and boy has correct knowledge about HIV and AIDS, as well as skills to protect themselves from infection. We also want to ensure that all pregnant women in Angola have access to prevention of mother-to-child transmission services as a part of prenatal care and that every man, woman and child in need of treatment can access it as close to where they live as possible. We want to provide support through home care or other means, in collaboration with non-governmental organizations and faith-based organizations, in order to monitor patients and all children and families made vulnerable by HIV and AIDS and to ensure that they have access to all social services, including psychological and nutritional support. This is our vision.

Mr. Ould Hadrami (Mauritania), Vice-President, took the Chair.

We are committed to the ongoing global efforts to reduce the burden of the epidemic. With our partners — to whom we would like to convey our appreciation for their support to us — and with the continuing engagement of the international community, we will strive to achieve universal access and zero new infections. We are committed to achieving a better future.

The Acting President: I now give the floor to His Excellency Mr. Nassirou Bako Arifari, Minister for Foreign Affairs of the Republic of Benin.

Mr. Bako Arifari (Benin) (*spoke in French*): It is with pleasure that I convey the greetings of the people, the President of the Republic, His Excellency Mr. Boni Yayi, and of the Government of Benin.

This important High-level Meeting has provided the Assembly with an opportunity to take stock of the progress made and results obtained in the fight against the HIV/AIDS epidemic following the 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2) and five years after the Political Declaration on HIV/AIDS (resolution 60/262) on universal access to prevention, treatment, care and support for people infected with HIV/AIDS and affected by the pandemic.

Benin is confronting a widespread though low-prevalence epidemic. The number of people — adults and children — infected with HIV was estimated at 60,914 in 2010. Prevalence is estimated at 2 per cent, with a significant difference between urban and rural environments. A diagnosis has also shown that women are the most vulnerable segment of society, reflecting the feminization of the disease in my country, in which twice as many women as men are infected with HIV/AIDS. The risk of an explosion of the epidemic persists, as HIV prevalence is estimated at 26.5 per cent among sex workers.

The President returned to the Chair.

Aware of the devastating impact of the epidemic on our country's development aspirations, successive Administrations in Benin have integrated the fight against AIDS into policies, strategies and development programmes since the first case of HIV/AIDS was identified in 1985.

At the political level, that commitment led to the creation of a national multisectoral committee to fight AIDS, headed by the President of the Republic. Similarly, by presidential decree, a national body was created to coordinate the efforts of all stakeholders.

In terms of programmes, Benin has formulated and implemented two national strategic frameworks and a plan to accelerate the fight against AIDS. To finance that fight, a budget line was created in all ministries to support the implementation of sectoral policies and initiatives. Substantial resources were also mobilized in cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and United Nations system agencies, among other technical and financial partners.

Uniting those efforts helped to increase access to prevention and treatment services and to stabilize the prevalence of the epidemic at around 2 per cent since 2002. Thus, the antiretroviral coverage rate for people infected with HIV has grown from 40 per cent to 84 per cent. The coverage rates for the prevention of

mother-to-child HIV transmission increased from 27 per cent to 37 per cent between 2007 and 2010.

Benin is currently implementing a national strategy to eliminate mother-to-child HIV transmission and is developing a national gender policy whose operational components are focused on addressing the risk factors and specific vulnerabilities of women and girls.

In 2006, the National Assembly of Benin adopted a law on HIV to fight all forms of discrimination and stigmatization to which those infected and affected can be subjected, thereby improving the legal framework of the country's response to HIV/AIDS. Judicial personnel throughout the country have received training on the links between the law, HIV/AIDS and human rights.

Civil society, religious and private-sector organizations, including those comprised of people living with HIV, are playing an active role in the response to and management of HIV through various networks.

I should like to take this valuable opportunity to thank and congratulate the Joint United Nations Programme on HIV/AIDS and its Executive Director for their sterling advocacy work, for coordinating the global movement against AIDS and for mobilizing resources, in particular for the benefit of my country. I wish to also thank all the technical and financial partners and national and international civil society organizations that are supporting my country in its efforts to fight the AIDS pandemic.

The progress made and the results achieved in the fight against AIDS in Benin are nonetheless fragile, owing to the shrinking availability of resources in the context of the world economic crisis. That could jeopardize the continuity of achievements and initiatives in the fight against HIV/AIDS. Thus, it is more necessary and urgent than ever to take new measures to accelerate the response to the pandemic and other opportunistic infections.

We must face with courage the challenges linked to the achievement of the Millennium Development Goals by the 2015 deadline, in particular Goal 6, which requires the sharing of responsibilities and increased international solidarity. I invite Member States to make those commitments so that we can take up the collective challenges of ensuring universal access to prevention, treatment, care and support for individuals infected or affected by HIV/AIDS. On that hopeful note, I urge the international community to continue supporting my country so that the results expected by 2015 will be effectively achieved.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Yin Li, Vice-Minister for Health of China.

Mr. Yin Li (China) (*spoke in Chinese*): It is my pleasure to attend the United Nations High-level Meeting on HIV/AIDS on behalf of the Chinese Government. I wish to pay tribute to the United Nations for its efforts in global AIDS prevention and control.

Attaining the development goals set forth in the Millennium Declaration (resolution 55/2) and arresting and reversing the spread of the AIDS epidemic is an important item on the global agenda. As a responsible developing country, China has actively fulfilled its commitments in achieving universal access to AIDS prevention and treatment, eliminating social discrimination and ensuring rights to prevention, treatment and care of people living with HIV/AIDS and their families.

We have established an AIDS prevention and treatment mechanism, led by the Government and involving various sectors across the entire society. We have introduced a series of laws, regulations and policy measures and have integrated prevention and control goals into national health development plans and reform programmes. Thanks to our efforts over the years, the spread of AIDS epidemic has slowed down, the mortality rate has decreased significantly, and the quality of life of people with HIV/AIDS has been greatly improved.

The AIDS epidemic does not respect national borders. The three zeros defined by the Joint United Nations Programme on HIV/AIDS — zero new HIV infections, zero discrimination and zero AIDS-related deaths — is an ambitious blueprint. Years of practice have shown that in order to achieve that goal, all countries, all organizations and all people must be mobilized. Responsibilities must be clearly defined, joint prevention and treatment mechanisms established, and consensus reached in two areas.

First, in facing the common challenge of HIV/AIDS, developed and developing countries must

assume shared responsibilities and rise above the divides of gender, skin colour, nationality, beliefs, values and ideology in order to take joint action and create synergies. Developed countries should further provide developing countries with generous and unconditional financial and technical support. Developing countries should give the same priority to AIDS control as to economic development, and explore models of prevention and treatment consistent with their national conditions.

Secondly, given the increasing pressure and burden on society posed by AIDS, the private sector and relevant organizations should assume more social responsibility. On the one hand, efforts should be made to mobilize more resources for better prevention, treatment and care measures. Multinational drug manufacturers should reduce the price of drugs, testing equipment and reagents through technology transfer, contract manufacturing, and the reduction of monopoly profits in order to promote universal access to treatment services.

AIDS prevention and treatment are an important component in China's global fight against AIDS. Thus, progress made in China is positive contribution to the world. The Chinese Government will, as always, strengthen the working mechanism of Government leadership, multisector coordination and the participation of society as a whole, and scale up its implementation of relevant measures to achieve the five universal accesses and two equal accesses, namely, universal access to public education, testing and counselling, the prevention of mother-to-child transmission, comprehensive intervention and antiretroviral therapy; and equal access to medical care and employment for people living with HIV/AIDS, and to Government subsidies for children orphaned by AIDS through the removal of social discrimination. In the meantime, we will continue to strengthen communication and cooperation with the international community to address new challenges.

The Chinese Government will continue to be committed to fight against AIDS and shoulder our responsibilities and obligations and make contribution to reaching the goal of global AIDS control.

The President (*spoke in French*): I give the floor to His Excellency Mr. Martin Dahinden, Secretary of State of Switzerland.

Mr. Dahinden (Switzerland) (*spoke in French*): Combating HIV/AIDS will remain a priority for Switzerland at both the national and international levels. My country is delighted that it has been possible to find a consensus on a new joint declaration on HIV/AIDS and thanks the Secretary-General for his excellent report. We appreciate the data gathered and support the recommendations made. While some of the results are encouraging, it must be noted that, although the epidemic has been stabilized worldwide, the rate of infection in some countries continues to climb. There are major challenges ahead, notably in areas closely linked to prevention and the protection of human rights.

Efforts to combat discrimination and the stigmatization are crucial. This is valid in Switzerland, where we are taking concrete measures to better fight such behaviours, as well as at the international level, where key segments of the population — such as men who have sex with men, sex workers, persons who inject drugs, transsexuals and adolescents — often have no access to information, prevention, treatment, care or support related to HIV.

In this context, I would like to underline Switzerland's positive experience with respect to those who inject drugs, notably in an effort to reduce the risks involved. The decrease in infections in this group shows how important it is to include those directly concerned by HIV/AIDS in the search for solutions.

Switzerland is committed in its programmes, in various forums and at various other levels to making the promotion and protection of human rights, including those linked to sexual and reproductive health, and to equality of the sexes a centrepiece of all efforts to combat HIV/AIDS. Those directly concerned must have the power to decide for themselves on the future of their sexual and reproductive health. For example, economic, social, cultural and legal factors that deny women and girls their fundamental rights must be eliminated.

In this context, we underline the crucial role of men and boys with respect to sexual and reproductive health and efforts to combat HIV. Violence against women and girls and homophobia must be outlawed by legislation that is rigorously applied. Also worth noting is the importance of respecting and protecting the rights of millions of children and adolescents affected and infected by HIV. Young people often have no

access to sex education or to sexual and reproductive health services suited to their specific needs.

Switzerland has increased and will continue to increase its efforts in the areas of prevention. Access to medicines remains a major challenge at the international scale. It is crucial to create strategic partnerships among different sectors and actors in an effort to ensure non-discriminatory access for all to basic health services and to medicines. Despite the many potential conflicts of interest, the private sector is becoming increasingly aware of its responsibilities.

Since it was first discovered, HIV has claimed more than 25 million victims. The international response has been equally impressive, but these efforts must continue. It is in that context that we commend the catalyzing role of the Joint United Nations Programme on HIV/AIDS.

In conclusion, Switzerland intends to continue to give its full support to the implementation of the Declaration of Commitment of 2001 (resolution S-26/2), the Political Declaration on HIV/AIDS of 2006 (resolution 62/262), and to the new declaration to be adopted at the end of this High-level Meeting.

The President (*spoke in French*): I now give the floor to His Excellency Mr. Jorge Díaz, Minister for Health of Chile.

Mr. Díaz (Chile) (*spoke in Spanish*): On behalf of the delegation of Chile — composed of representatives of the Government and accompanied by persons living with HIV and by representatives of social and non-governmental organizations — I welcome this effort of the States Members of the Organization to refocus the global discussion on the important topic of the fight against HIV/AIDS as a commitment of humankind.

Since the Secretary-General appealed from this very rostrum for Member States to make the commitments that we are reviewing today, our country has become fully involved, responding to the appeal and working to face these challenges. We have great achievements to report, including legally guaranteed coverage of antiretroviral treatment for all who need it. Controls have increased the survival rates of persons affected. We now guarantee access to HIV testing for all pregnant women and a protocol for the prevention of vertical transmission, resulting in a sharp decline in the number of children born with HIV.

With regard to prevention, we have seen important progress made through an annual prevention campaign that has a stable budget established by law. There are thus new generations of adolescents and young people in Chile who are better informed about HIV/AIDS, which is an essential to the implementation of measures of prevention and personal care in sexual health. We also have anti-discrimination legislation that prohibits making job recruitment and retention and access to education dependent on a person's serostatus, and ensures that HIV testing is free, voluntary and confidential.

Our country is currently engaged in removing all barriers hindering access to diagnosis, since control of the epidemic requires that the most affected populations know their diagnoses, have early access to monitoring and treatment, and enjoy the desired impact of antiretroviral therapy not only on individual health and quality of life, but also on collective health. Secondary prevention is thus a central strategy of our comprehensive HIV/AIDS care policy, which is one of the most important axes of Chile's health goals for the decade 2011-2020 and demonstrates our commitment to the issue.

Since the initial appeal, we undoubtedly have seen very important progress in the world, particularly in the area of care and access to antiretroviral treatment. We also see that major challenges and gaps remain, fundamentally as regards access to preventive services. The epidemic continues to spread, showing that the efforts made have not sufficed to contain it.

In this important area of public health, many of the inequities and inequalities existing in the world today are reflected in people's vulnerabilities, significantly affecting the poorest, the young, women, men who have sex with men, refugees, migrants and persons deprived of liberty, among others. There is thus a need to strengthen the focus on social factors in addressing HIV/AIDS prevention, socio-structural causes and inequities in order to find long-lasting solutions.

Individual, social, cultural and regional realities must be taken into account in seeking a more effective response to the epidemic, recognizing diversity as a cultural asset. This approach necessitates information reflecting the different realities and ongoing evaluation of activities.

We need strategic alliances in order to advance towards solutions to the problems affecting our societies. We must then formulate health policies adapted to the epidemiological, social and cultural necessities of our different countries. There must be a much stronger involvement of stakeholders in order to attain the goals, greater mainstreaming of the topic in society, and more shared responsibility with the participation of social stakeholders, the various elements of the public sector, the private sector and grassroots organizations.

For our Government, full respect for the human rights of persons living with HIV/AIDS and of the most vulnerable populations is not only a duty of the State, but also a requirement for progress in controlling the epidemic. Legal and political conditions must be created to protect and promote the human rights of the population, particularly those most vulnerable to HIV infection.

My country reiterates today its willingness to contribute constructively in all forums to a positive relationship with respect to globalization issues, especially in terms of support for the renewed discussion on global public goods. Chile welcomes the creation of collective forums and initiatives of solidarity to combine efforts and resources as a substantive advance in efforts to narrow the huge economic gap in HIV response between the industrialized world and countries with fewer resources.

We therefore reiterate our participation in the International Drug Purchase Facility initiative, of which we are one of the founding partners, which represents our commitment to move forward in our efforts to develop new forms of international cooperation in attending to needs, especially of the least protected. Accordingly, my country is participating in a series of collaborative initiatives to improve prevention strategies, access to medicines and programmes to combat stigma and discrimination, to the benefit of the least protected populations.

We also highlight the initiative to ensure universal access to HIV/AIDS prevention, care and treatment, and support the World Health Organization HIV/AIDS strategy for 2011-2015 and the Joint United Nations Programme on HIV/AIDS 2011-2015 strategy. Both reflect the sensitivity and vital need for more decisive intervention and action in dealing with this problem.

Lastly, I would also like to state that Chile reaffirms its commitment to continuing to work to halt the AIDS epidemic in our country and to cooperating at the international and regional levels and thereby contribute to the achievement of the Millennium Development Goals and of the targets agreed upon in this important Assembly.

The meeting rose at 1.05 p.m.